

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

| | |
|--------------------------------|-------------|
| SERIAL NO. <i>09/142948</i> | FILING DATE |
| APPLICANT(S) | |

CLAIMS

| AS FILED | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
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| TOTAL 10. | 5 | | | |
| TOTAL DEP. | 14 | | | |
| TOTAL CLAIMS | 19 | | | |

| IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | | | | |
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